

Pride in Parenting
Baseline Chart Abstraction Form: Infant

Infant's Medical
Record Number: _____

Today's Date: _____
 month day year

Date Mother
Enrolled: _____
 month day year

Infant Number: _____

THIS FORM IS TO BE COMPLETED BY THE FAMILY RESEARCH SPECIALIST AFTER THE COMPLETION OF THE INITIAL INTERVIEW. THE INFORMATION IS TO BE ABSTRACTED FROM THE INFANT'S MEDICAL CHART.

A. INFANT DATA

1. Date of Birth: _____
 MM DD YY
2. Single Birth?
 Yes 1
 No 2
3. Gender of Infant
 Male 1
 Female 2
4. Gestational age at birth (in weeks) _____
5. Birthweight of child (in grams): _____
6. Length at birth: (in inches) _____
7. Head circumference at birth: (in inches) _____
8. Apgar 1 min. _____ 99=Not Recorded
9. Apgar 5 min. _____ 99=Not Recorded
10. Baby admitted initially to:
 Term nursery 1
 Neonatal intensive care 2 **(GO TO 10A)**
 Other **(SPECIFY _____)** 8 **(GO TO 10B)**

10A Why was the baby admitted to Neonatal Intensive Care? **(SKIP 10B).**

10B Why was baby admitted to (OTHER)?

11. Any medical complications of the child?: **CIRCLE ALL THAT APPLY**

Sepsis 1
Respiratory distress 2
Prematurity 3
Neonatal asphyxia 4
Congenital heart disease 5
Surgical conditions **SPECIFY** 6

Other, **SPECIFY** 7

None Recorded 8

12. Does the chart indicate that the child has been referred to a clinic or physician for neonatal, postnatal or well child care?

Yes 1

No 2

If yes, **SPECIFY** _____

Family Resource Specialist: _____ (please initial)

Date: _____

Signature of Project Coordinator: _____

Date: _____